

Community Naloxone Program (CNP) Affiliate Program Welcome Packet & Policy Guide



**A program of the Massachusetts Department of Public Health (DPH)
Bureau of Substance Addiction Services (BSAS)**



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BSAS Contact Information

Please direct all questions or inquiries about the CNP to:

Ben Plant
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Data collection and submission questions should be directed to:

Catie Urquhart
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Terms and Definitions

Opioid antagonist: In accordance with M.G.L. c. 94C § 19B, opioid antagonist shall mean naloxone or any other drug approved by the federal Food and Drug Administration as a competitive narcotic antagonist used in the reversal of overdoses caused by opioids. In this document, we use opioid antagonists interchangeable with opioid overdose response medications. When describing specific medications such as naloxone, we will refer to those by name.

Affiliate program: A program or agency approved by DPH to participate in the CNP to train participants on opioid overdose response and distribute naloxone to them for their personal use. These may also be referred to as “CNP affiliates.”

CNP Coordinator: The individual representing the CNP affiliate program to DPH who has overall responsibility for the implementation of the program. DPH keeps a record of the CNP coordinator to utilize as the primary contact for all communications relating to the CNP.

Massachusetts Controlled Substances Registration (MCSR): A document required for all entities within the Commonwealth that distribute, dispense, possess, or administer scheduled and/or prescription medications. MCSRs are managed by the Department of Public Health, Drug Control Program. A MCSR is not required to distribute Food and Drug Administration (FDA) approved over-the-counter products.

Program participant: A Massachusetts community member that receives overdose education and naloxone from the staff of a CNP affiliate program.

PWUD: People who use drugs.

Bulk naloxone distribution: When a CNP affiliate program distributes 10 or more naloxone kits to one entity, often an external agency or program.

SOPS: State Office for Pharmacy Services.

Welcome and Overview

Welcome to the Community Naloxone Program (CNP)! The CNP is a Massachusetts Department of Public Health (DPH) program established in 2022 that aims to prevent death from opioid overdose by increasing distribution of naloxone to community bystanders across Massachusetts.

This welcome packet is intended to set your program up for success. It is important for all CNP affiliates to review the full contents of the orientation slides and this welcome packet.

The live CNP Orientation provides an overview of harm reduction and overdose prevention, program expectations and requirements, a recap of overdose response policies and practices, and additional helpful resources. It is important for you, the CNP coordinator, to share what you learned in that orientation with any key staff or volunteers who will be working on CNP activities at your agency. Please go back to those slides from time to time to review content and resources as your program establishes itself and matures.

This welcome packet & policy guide provides CNP affiliates with a written overview of program policies, restrictions, and instructions on how to order naloxone and ensure compliance in required data submission to DPH. This resource also offers some example templates for your affiliate program to reference as needed. Both the live CNP orientation and a thorough review of this document are expected of all CNP Coordinators.

DPH thanks you for your commitment to getting naloxone into the hands of those who need it. We hope that this resource will be valuable in your program or community's efforts to prevent and reduce opioid overdose death in Massachusetts.

Program Eligibility

- A. Enrollment in the CNP is open to the following entities in Massachusetts:
 - a. Health and Human Services programs serving people at risk for opioid overdose and/or their social networks
 - b. Housing & homeless providers
 - c. Municipal health departments
 - d. Drop-in centers or other community spaces
 - e. Family support services
 - f. Peer recovery support programs (non-clinical and not licensed)
 - g. Family support services
 - h. EMS Naloxone Leave-Behind Programs
 - i. Mutual aid organizations
 - j. Municipal boards of health or health departments
 - k. Universities and colleges
 - l. Community outreach or distribution program affiliated with a health or substance use disorder treatment program.
 - m. Other entities may be eligible on a case-by-case basis if operating a community distribution program
- B. Entities that are not eligible for CNP:
 - a. Municipal Police, Fire, and EMS Departments
 - i. These entities may order naloxone directly from SOPS for emergency response purposes without further approvals from DPH. More information can be found on mass.gov.
 - ii. Subsidies may be available to municipal police and fire departments, contingent on state and federal appropriations.
 - b. K-12 schools
 - i. Public school districts in Massachusetts are authorized to purchase naloxone from the State Office for Pharmacy Services (SOPS) at the public interest price. More information can be found on mass.gov.
 - ii. Private schools are not eligible to purchase from SOPS.
 - c. EMS for emergency response
 - i. EMS programs based at a public entity (e.g. municipal fire department) may order naloxone directly from SOPS for emergency response purposes without further approvals from DPH. More information can be found on mass.gov.
 - ii. Private EMS companies are not eligible to order naloxone from SOPS and should purchase naloxone through their typical medical supply channels or their affiliated hospital.
 - iii. EMS may apply to CNP for a naloxone leave-behind program when an approval letter is submitted signed by the Affiliate Hospital Medical Director (AHMD). For more information, see the CNP web application on mass.gov.
 - d. State Offices of the Commonwealth of Massachusetts
 - i. Public state agencies are responsible for their own purchasing of naloxone and are not eligible for BSAS/DPH subsidies.
 - ii. Public state agencies may purchase naloxone directly from SOPS at the public interest price with no further approvals from DPH.
 - e. Pharmacies

- f. The following entities are only eligible for off-site community distribution and outreach programming and may not provide CNP naloxone to patients/clients or to stock on site for emergency response purposes.
- i. Hospitals & health centers
 - ii. Community Behavioral Health Centers (CBHCs)
 - iii. Department of Mental Health (DMH) Licensed Behavioral Health Programs
 - iv. Massachusetts Department of Mental Health (DMH) licensed programs
 - v. Substance use disorder treatment programs (including OBATs and OTPs)
 1. [Section 5 of Chapter 285 of the Acts of 2024](#) (effective July 1, 2025) states:
 - a. *A substance use disorder treatment facility shall, upon discharge of a patient who has: (i) a history of using opioids; (ii) been diagnosed with opioid use disorder; or (iii) experienced an opioid-related overdose, educate the patient on the use of opioid antagonists and dispense not less than 2 doses of an opioid antagonist to the patient or a legal guardian.*
 2. BSAS issued a subsequent guidance memo for licensed substance use disorder treatment programs stating that:
 - a. *“BSAS clarifies that SUD treatment programs shall not utilize the Community Naloxone Program (CNP) to meet the requirements to dispense Opioid Antagonists upon discharge.*
 3. Non-profit SUD treatment programs that are both licensed and contracted by BSAS may order 12 kits of naloxone at a time from the [Naloxone for Uninsured People \(NUP\) Order Form](#). This naloxone should only be used to offer to patients that are uninsured or underinsured. Naloxone for all other patients should be billed to their insurance.

Requirements of CNP Affiliate Programs

- A. CNP affiliate programs must comply with all Massachusetts General Laws and regulations of the Massachusetts Department of Public Health (DPH) in accordance with [105 CMR 700.00](#)
- B. Affiliate programs must establish written protocols and procedures to ensure that individuals receiving naloxone kits are properly trained on their use. Training must meet minimum standards outlined at [105 CMR 700.00](#)
- C. Storage requirements:
 - a. Store naloxone at room temperature.
 - i. Naloxone can withstand most human inhabitable temperatures for short periods of time. However, it freezes below 5°F and overheats above 104°F.
 - 1. Example: If naloxone is offered in a box exposed to outdoor temperatures, or stored outside in a vehicle between outreach, it may reach extreme temperatures.
 - ii. Do NOT store naloxone in a fridge or freezer
 - b. Store unused naloxone in a locked space
 - i. Example: locked cabinet, closet, or office.
 - c. Store CNP naloxone away from a pharmacy or other pharmaceutical products
 - i. This requirement is in place to prevent subsidized naloxone from being mistaken for a billable pharmaceutical product.
- D. Affiliate programs must designate one staff member as the CNP Coordinator. This person will be the main point of contact with DPH and will take responsibility for required program activities, documentation, data tracking, and reporting. Programs must notify DPH promptly of any program personnel changes in a timely manner.
- E. Affiliate programs must provide DPH with all addresses where naloxone purchased through the program is to be delivered. Programs must notify DPH promptly of any location changes in a timely manner.
- F. Affiliate programs must track and report data to DPH. The frequency of reporting will be determined by the type of subsidy the affiliate program is awarded, which will be communicated by DPH to the approved affiliate program.
 - a. More information is listed below under “Training and Data Expectations”.

Not a requirement: A Massachusetts Controlled Substances Registration (MCSR) is no longer requirement for the CNP. As of Fall 2023, intranasal 4mg/.1mL naloxone is FDA approved for over-the-counter (OTC) sales. MCSRs are the state document that registers entities across Massachusetts to store, dispense, and administer scheduled substances and prescription drugs. MCSRs are not required for OTC products. The CNP offers FDA approved OTC naloxone products only, and therefore the MCSR is no longer required. If you have no use for your previously obtained MCSR apart from the CNP, you may let it expire.

Restrictions of CNP Affiliate Programs

- A. Naloxone obtained through the CNP ordering process must be offered at no cost to recipients and:
 - a. Not be submitted to any recipient's insurance for reimbursement; AND
 - b. Not be resold.
- B. CNP affiliates receiving the full subsidy may offer a bulk distribution of naloxone (10 or more naloxone kits) to a trusted outside entity on a one-time only basis. CNP affiliates are prohibited from providing repeated bulk distribution to other agencies.
 - a. A bulk distribution of naloxone to other agencies is defined as between 10 to 144 kits. A bulk distribution may not exceed 144 kits (288 doses) without approval of the DPH Harm Reduction Coordinator.
 - b. Naloxone provided in bulk to other agencies is still beholden to the CNP data collection and reporting requirements.
 - c. External agencies looking to start a naloxone distribution program should be encouraged to apply directly to CNP.
- C. CNP affiliates may not provide naloxone to distribute or stock on the property of hospitals, health centers, pharmacies, Community Behavioral Health Centers (CBHCs), Massachusetts Department of Mental Health (DMH) licensed behavioral health programs, or BSAS-licensed treatment programs (including OBATs and OTPs).
- D. CNP affiliates may not distribute or transport naloxone outside of Massachusetts at any time.

Not a requirement: Other than the restrictions listed above, CNP affiliate may provide naloxone to anyone in Massachusetts, regardless of age. There is no minimum age requirement for receiving or possessing naloxone in Massachusetts.

Per the [Naloxone Community Standing Order](#): First responders, health and human services workers, and other community members in Massachusetts are authorized to dispense prescription naloxone to individuals and families for their personal use.

Ordering from DPH

CNP affiliates place all orders through an online order form. Approved orders are shipped to program sites by the DPH State Office for Pharmacy Services (SOPS). Prior to placing a naloxone order, affiliate programs should determine the number of naloxone kits they would like to order. *To determine how much naloxone you will need, use the guidelines in the next section of this document.*

To place a naloxone order:

- 1. Open the online [naloxone order form](#) in your web browser.**
 - a. *Tip:* Save this link! You will use this form every time you order.
- 2. Enter your program information: Please provide your contact information.**

This is how you will receive order updates and how we will reach out to you if we have questions.

 - a. Select your agency:
 - i. Please find your agency's name on the dropdown. If you cannot find your name, your program has not completed onboarding. Please reach out to ben.plant@mass.gov.
 - j. If you are unsure what name your agency would be listed under, please reach out to catherine.e.urquhart@mass.gov.
- 3. Enter shipment information: Please provide the address you would like the naloxone shipped to.**
 - b. The address must match your approved addresses from your application.
 - c. Please reach out to Ben (ben.plant@mass.gov) to add or change you approved address for your program.

- d. **If you are paying the public interest price**, your order will not be processed until your check is received. Once payment is received, your order will be processed and shipped.
- a. You must submit a check made out to the Commonwealth of Massachusetts and sent to the below address in the amount of your order:
 - Scott Brody
 - c/o State Office for Pharmacy Services
 - 369 East Street
 - Tewksbury, MA 01876
4. **Select naloxone order:** Select the number of naloxone nasal spray kits you would like to order.
- a. 4mg naloxone nasal spray is the only formulation of naloxone available through the CNP at this time.
 - b. When placing orders, you can request kits in increments of 12 (e.g., 12 kits, 24 kits, 36 kits).
 - c. **CNP affiliate programs may order a maximum of 144 units/kits/boxes (288 doses) of naloxone for their first order**
 - a. If you are ordering naloxone for the first time, or are new to operating a naloxone distribution program, see the ordering guidelines for new affiliate programs below
 - d. After the first order, you may request a subsequent order exceeding 144 doses. Rationale for a subsequent order exceeding 144 doses must include an accounting of how many doses were distributed to what number of people in the period between the request and the initial order, and what the nature of that distribution was.
 - e. Since naloxone has a limited shelf life (four years from time of manufacture), it is important to only order as much naloxone as your program will be able to distribute over the course of a few months. This allows time for participants to keep it on hand in case of an overdose.
5. **OPTIONAL: Add note/comment**
- a. Please provide anything that would be useful. For example, instructions that will help the delivery person find you (e.g., please knock on door when you arrive).

Ordering Guidelines for New Affiliate Programs

If you are ordering naloxone for the first time, or are new to operating a naloxone distribution program:

- Order a small amount (12-24 units) at first, and track how long it takes your program to distribute that initial supply.
- You can also utilize measures that your program already collects to determine how much naloxone you might need. For example:
 - How many people at risk of opioid overdose does your program serve every month?
 - How many referrals or prescriptions for naloxone are made/written every month in your proposed catchment area?
 - How many overdoses does your program staff and/or volunteers respond to every month?
- It is best to make smaller, more frequent orders to avoid product expiration and reasonably manage your inventory space. You should aim to order the amount of naloxone that your affiliate program can feasibly distribute in 1-3 months
- If you are making a subsequent order, utilize your distribution numbers for the past 1-3 months to determine how many units you should purchase.

* Please allow up to a week for your order to be delivered.

** CNP affiliates must be up to date on their CNP data submissions prior to shipment of naloxone orders.

*** Orders of more than 144 doses by CNP affiliates will be reviewed and approved by the DPH Harm Reduction Program Coordinator. You will receive an email that your order is under review and an update once it is approved or not.

**** You will receive a confirmation email from the State Office for Pharmacy Services (SOPS) once your order has been shipped. CNP affiliates paying the public interest price for naloxone will be invoiced. Please reach out to scott.brody@mass.gov if you have urgent questions or concerns about your order.

Creating Naloxone Kits for Distribution

- When distributing naloxone, affiliate programs are expected to provide individuals with training on how to identify and reverse an overdose using the naloxone formulation provided. Please refer to the [Overdose Education & Naloxone Distribution \(OEND\) Program Core Competencies](#) document as a reference to what this training should include. It is recommended that naloxone is distributed as part of a “kit” that at minimum contains written/visual instructions. You may also include additional supplies, resources, and information in these kits. See below for an example supply list for a naloxone kit:
- Bag or case
 - There are many options available and you will want to get feedback from the people you are working with on what they prefer.
 - Take into consideration your program budget and staff/volunteer time when deciding how to bag your resources.
 - Some examples to consider:
 - Plastic sandwich bag
 - Brown paper bag
 - Pencil case ([these are \\$1.00 each](#))
 - Soap case
 - Nylon bags
- 1 kit of naloxone (two doses)
 - You may include the naloxone in the manufacturer’s box or remove the blister packs and include those in your harm reduction kits. It is OK to distribute naloxone removed from the box as long as it remains in its blister pack. Doses can only be used once and run the risk of administering accidentally if removed from the blister pack.
 - Make sure you include written or visual instructions on how to use the formulation of naloxone being dispensed.
 - Naloxone usually includes instructions on the outside of the kit, but it is not comprehensive overdose response information.
 - Include instructions for all common languages among the population being served by your program.
 - Free wallet cards with instructions for using naloxone nasal spray can be obtained [here](#) through the MA Clearinghouse (available in English, Spanish, and Portuguese).
- Rescue Breathing Mask
 - DPH subsidized disposable rescue breathing masks are available for order on the [Massachusetts Health Promotion Clearinghouse](#).
- Fentanyl test strips
 - Available to order at no cost on the [Massachusetts Health Promotion Clearinghouse](#).
 - If including, make sure you include written or illustrated instructions on how to use the test strips, [such as these wallet cards](#).
- Information cards for the:
 - [MA Substance Use Helpline](#)
 - [SafeSpot](#)
- Local resource guide or palm card (community coalitions may have these) with information on:
 - Harm Reduction/Syringe Services
 - Outpatient Programs (IOP, Medication for Opioid Use Disorder (MOUD) clinics, etc.)
 - Inpatient Treatment (Detox, CSS)
 - Residential Programs.
 - Support Groups ([Learn to Cope](#), [Grief Support groups](#), local peer support groups, etc.)
 - Local crisis response resources

Affiliate programs should assess and prioritize the needs of their participants, being cognizant that offering too many resources may deter participants from reviewing them.

Training and Data Expectations

Data Support contact information:

Name: Catie Urquhart; Email: Catherine.e.urquhart@mass.gov

For all programs:

The CNP Coordinator should ensure that all staff involved in naloxone distribution are familiar with your program's protocols for:

- Storing, tracking, and maintaining naloxone inventory
- Performing data collection
- On-site overdose response
- Overdose prevention training and education

You may select the system your program will use to manage your naloxone inventory. However, it may be useful to use an inventory log (see Appendix I for an example log). All affiliate programs are required to collect, store, and report certain data to BSAS. We require these metrics as a condition of the funding that pays for the naloxone available to CNP affiliate programs.

- Information on data submission:
 - We collect data via an online report hosted on REDCap. You will not need to create an account or log into the system. Please access the report directly by clicking this link: <https://redcap.link/naloxonereport>
 - Select your program's name from the dropdown list to complete the report. If you do not see your program's name on the dropdown list, email catherine.e.urquhart@mass.gov.
 - No client names or identifiers will be reported to BSAS; we only require programs to report on total counts that reflect the number of services provided. You can decide whether or not to collect client-level data internal to your program based on your program's needs, privacy rules, etc. However, BSAS has no need or requirement for your program to collect or report identifiable data.
- The following metrics are to be reported through REDCap:
 1. Number of naloxone doses distributed
 - *Tip:* each kit (the manufacturer's box or carton) of naloxone nasal spray contains 2 doses (pumps/sprays) of naloxone. For every box of naloxone that you distribute, you should count 2 doses.
 2. Number of individual naloxone distribution encounters
 - *Tip:* Think of this number as the number of encounters you have with participants. Everyone who you give naloxone should be counted here (do not count a group training as "1," tally each person in attendance). You should count the same person twice if they come back a second time for more naloxone. You should not count someone that you train but does not take naloxone from you.
 3. Number of overdose reversals reported back to your program
 - *Tip:* Ask if they have received services from your program before. If they are returning, you can ask "What happened to your last naloxone?" If they are new, you can ask if they have responded to an overdose before (if not, this is an opportunity to

train them on naloxone use). People may not be willing to share if they have responded to an overdose. That is okay— BSAS uses this number as an approximation, not an exact.

- BSAS also utilizes an optional Community Overdose Report to collect detailed information from your staff and clients on overdoses they've responded to. The data from this survey is used to inform overdose-related policy and programming decisions in the Commonwealth. The report can be accessed here: <https://redcap.link/overdosereport>. Posters can be ordered for free here: <https://massclearinghouse.ehs.state.ma.us/product/SA7410.html>
4. Approximate number of fentanyl test strips distributed
- Tip: This number is an approximation – no need to count the exact number of individual strips distributed (e.g., count the number of boxes of strips you go through and multiply by the number of strips in each box). If you don't distribute strips, mark down 0.

See Appendix II for example data collection forms (to be filled out for every distribution) or Appendix III for an example internal database. It is **not required** to use these forms, rather they are included to give you an example of what data collection could look like for community naloxone distribution. If you have an existing data collection tool you use, such as an Electronic Health Records database, then you should explore how to use your existing tools to meet the DPH reporting requirements.

For programs receiving a full subsidy:

- Your affiliate program is expected to submit the required metrics (listed above) on a monthly basis.
 - For a given month, data should be reported by the 20th of the subsequent month (ex: January data is to be reported by February 20th).
 - Even if no naloxone was distributed for a given month, you must still enter data via the online report. If no naloxone doses were given out, you should enter “0” into the report.
 - Any affiliate program failing to comply with this expectation will be temporarily suspended from ordering naloxone through SOPS until they have submitted their data.

For programs receiving public interest pricing:

- Your affiliate program is expected to submit the required metrics (listed above) on an annual basis.
 - Previous calendar year data should be reported in the month of January (ex: 2024 data is to be reported in January 2025).
 - Even if no naloxone was distributed for a given year, this must still be reported via the online survey if you wish to place additional orders.
 - Any affiliate program failing to comply with this expectation will be temporarily suspended from ordering naloxone through SOPS until they have submitted their data.

For affiliate programs with multiple CNP-approved sites:

- Each month or year (see above for info on reporting frequency), your affiliate program will be required to submit one report per city/town that you have an approved site located in. Each site is responsible for its site-specific data submission.
 - *Example:* Affiliate program 1 has sites in both Cambridge and Somerville – they would submit two reports each month (one for Cambridge, one for Somerville). Program 2 has multiple locations, but all are located in Cambridge – they would submit one report each month.

- If your approved sites change, you must email Ben Plant to have them added to the list of approved addresses to ship naloxone to. They will also be added to the data report dropdown.

Appendix I: Example Naloxone Inventory Log

Month:		Inventory location:	
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Use this log sheet to record any orders received distributions made.

To calculate “Balance”, take the “Balance” value from the previous row, and add/subtract the doses received/distributed.

When an order is received or inventory is added, record these doses in the “# Doses Received” column, and add those to the “Balance” column.

When a distribution to a recipient is made or inventory is removed, record these doses in the “# Doses Distributed” column, and subtract those from the “Balance” column.

					Balance from previous month:
Date	Staff Name/Initials	Lot Number(s)	# Doses Received (add to previous balance)	# Doses Distributed (subtract from previous balance)	Balance

End of month review – does final balance match actual inventory? Yes No (off by _____ doses)

Reviewer Name: _____ **Reviewer Signature:** _____

Appendix II: Example Data Collection Forms

Example 1: Basic Data Collection Form (only information required to submit to BSAS)

Note: "Event" can describe an encounter with a single patient OR a bulk event (multiple patients) on a single date.

Naloxone Distribution Form			Month: _____
Date of Naloxone Distribution or Training Event	Number of clients trained and/or provided naloxone during event	Number of naloxone doses provided at event (remember: 1 kit of naloxone nasal spray contains 2 doses/sprays of naloxone)	Number of clients reporting their last dose was used to respond to an overdose
Totals for Month			

Example 2: Detailed Data Collection Form (Additional, optional information that may be insightful for you to collect)

Naloxone Distribution Form	
Recipient Information	
Unique ID code: (first & third letters of first and last name, ex: <u>J</u> oseph " <u>J</u> oe" Francis <u>B</u> low = JSBO)	
Recipient DOB:	
Reason for naloxone need: (Check all that apply)	<input type="checkbox"/> Recipient at risk of overdose <input type="checkbox"/> Partner, family, or friend(s) at risk of overdose <input type="checkbox"/> Other: _____ <input type="checkbox"/> Unsure/Declined
Is this the recipient's first time receiving naloxone from your program?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure/Declined
<i>If "No" selected: Did they respond to an overdose with their last naloxone kit?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure/Declined
Naloxone Inventory Information	
Number of <u>doses</u> distributed:	
Naloxone lot number:	
Number of fentanyl test strips distributed:	
Staff initials and date:	

Appendix III: Example Internal Database

This example database is an Excel spreadsheet based on the example data collection form in Appendix I. There are many options for data entry and storage, and there are several factors that should be considered when determining the best type of system to use, such as distribution volume, number of staff entering data, and types of data being collected. However, it is recommended that all affiliate programs utilize a database format that is capable of calculating the metrics required by BSAS, such as Microsoft Excel or Google Sheets.

Always consult your agency’s privacy and security policies and IT department when determining the best data entry and storage solutions for your program.

	A	B	C	D	E	F	G	H	I	J	K	L
1	ID code	DOB	Reason for naloxone 1 = Recipient at risk 2 = Partner/family/friend at risk 3 = Other 4 = Unsure/declined	Other reason (text)	First time	OD response	Doses	Lot	Staff	Date		
2	JHWL	1/5/1952	1,2		N	N	2	211853	MKD	3/1/2022		
3	ABBR	5/23/1983	1,2		N	Y	4	211853	MKD	3/12/2022		
4	LNHL	6/6/1970	2,3	Sees many overdoses in neighborhood	Y		2	211856	BR	3/15/2022		
5	DNLV	9/12/1975	2		Y		2	211853	MKD	3/15/2022		
6	EIJH	11/16/1979	1,2		N	U	4	211856	MKD	3/20/2022		
7	JKHS	4/7/1965	2		N	Y	2	211856	BR	3/21/2022		
8	CRGR	7/13/1991	4		U		2	211853	BR	3/30/2022		
9												
10												